

STATE OF MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Children's Licensing and Investigation Services

Children's Residential Care Facility Application

SECTION 1: Facility Information					
Facility/Agency Name:					
Physical Address:					
City:	ity: State: Zip: County:				
Mailing Address:					
City:	State:	Zip:	County:		
Telephone No. ()		Fax No.()			
Email Address:		Social Security No or Sta	te Tax ID:		

SECTION 2: Application Type	
APPLICATION FOR CH	HILDREN'S RESIDENTIAL FACILITY PROGRAM
License Type (Select all that apply):	
License # New Licen	se Renewal License Current License (change or update)
\square Change in capacity \square Change in age range	Change in name Other
Services provided:	
Mental Health Services	□ Intellectual/Developmental Disability Services
Crisis Services	□ Substance Use Disorder Treatment
Transitional Living Services	Problematic Sexualized Behavior Services
Secure Capacity 1	□ Secure Capacity 2
Pregnant and Parenting Services	Other (Please describe):
Qualified Residential Treatment Program (Q	RTP)

For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services Children's Licensing and Investigation Services 2 Anthony Avenue 11 State House Station Augusta, ME 04333-0011

Tel: (207) 287-5020 Fax

Fax: (207) 287-9304

TTY users call Maine relay 711

Email: info.dhhs@maine.gov

SECTION 3: Facility Contact Information	on			
Name and Title of Primary Applicant:				
Telephone No.: ()	Felephone No.: () Email Address:			
Name and Title of Second Applicant (if	applicable):			
Telephone No.: ()	Email A	ddress:		
Name and Title of Board Chair:				
	En eil A			
Telephone No.: ()	Email A	ddress:		
Corporation Name (if applicable):				
Mailing Address:				
City:	State:	Zip:		County:
Telephone No.: ()	Telephone No.: () Fax No.: ()			
SECTION 4: Facility Information				
Demographic Information:				
Number of Children to be served:		Age Range	e: from	to
Maximum SFMO capacity of facility (if known): Gender: Male Female Co-Ed				
Source of Water Supply:				
Municipal We	ell 🗆] Other:		
Current Licenses / Certificates: List any	y licenses currer Terms			tion Date
Туре				
Waiver Request: If you are requesting	a waiver/except	tion or an extension, p	lease attac	ch waiver request form.

SECTION 5: Staff Roster

Complete the following information. Use additional paper if necessary.

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

SECTION 6: Submission

Please submit the following documents with your completed application:

- Staff roster with Hire Dates
- Water test, as applicable
- Updated and new policies
- An updated budget and financial report which demonstrates the facility's financial capability to carry out its program for the licensing period
- Any documentary information which has changed since the time of its previous application including, but not limited to, a change in policies, a change in the organizational chart, or a change in programming

In addition, first time applicants must also submit:

- Statement of purpose which specifies philosophy, purposes, short and long term aims, types of services provided, characteristics of residents to be served
- Program description
- Statement of ownership, incl. names and addresses of principal owners, officers and directors
- Organizational chart
- List of governing body members, identifying office held by the member and contact information
- Parent and resident handbook
- Emergency, disaster, hazard and evacuation plan
- Close of business pan
- Fire inspection form
- Articles of incorporation
- Certificate of occupancy
- Lead test results (if applicable)
- Complete policy manual (see section 4.A.1. of Rules for policies required)
- Water tests
- Description of location and sketch of the floor plan
- Sample resident file

SECTION 7: Declaration

I/We have reviewed and read the Children's Residential Care Facilities Licensing Rule, 10-148, Chapter 35. I/We understand that this application authorizes representatives of the Department of Health and Human Services and the State Fire Marshal's Office to make such visits and inspections as may be necessary to ensure that the facility is in compliance with the laws and rules pertaining to operation.

I/We further certify that all information contained in this application is complete and accurate.

Print name of Applicant/Operator/Administrator	Signature of Applicant/Operator/Administrator	Date
Print name of 2 nd Applicant (If Applicable)	Signature of 2 nd Applicant (If Applicable)	Date
Print name of Board President (If Applicable)	Signature of Board President (If Applicable)	Date